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Andy Jordan, Chief
Shortage Designation Branch
Office of Workforce Evaluation and Quality Assurance
Health Resources and Services Administration
Department of Health and Human Services
8C-26 Parklawn Building
5600 Fishers Lane
Rockville, Maryland 20857

RE: Proposed Rule for the Designation of Medically Underserved Populations and Health Professional Shortage Areas – 73 Fed. Reg. 11232, et seq (February 29, 2008)

Dear Ms. Jordan:

Please accept the following comments as the official response of the State of California Cooperative Agreement Primary Care Office (PCO) within the Office of Statewide Health Planning and Development. To determine the impact of the proposed methodology on currently designated areas, as well as on those areas submitting new or renewal applications, the California PCO conducted a Tier 1 and Tier 2 Geographic Statewide Impact Analysis (SIA) in coordination with the California Primary Care Association and the California Department of Health Care Services (DHCS). The SIA (see attached) of the Proposed Rule revealed serious flaws in the proposed designation methodology, including availability and consistency of data.

Data variables and calculation
The formula for the two primary variables, (1) the ratio of visits to primary care clinicians and (2) a combined score of the high need indicators, is not clearly identified. Additionally, weighted values in the look-up tables for the primary variables are not well cited, nor is the data readily available.

Provider data
The California PCO purchases physician data from a third party. The purchased data is a self-reported directory and does not include any Full Time Equivalent (FTE) information. Local data is not available without the use of physician surveys, and is difficult and time consuming. The lack of access to local FTE physician data rendered the California PCO unable to conduct any population designation analysis.

Midlevel FTE data is equally difficult to acquire. Midlevel data provided by state licensing boards is also self-reported and often reflects residential addresses. There is no centralized data source of practice locations. Retrieving local level data for midlevels is even more difficult than it is for physicians.

One additional concern in regard to FTE is the non-responder rate. The proposed rule fails to mention a minimum required response rate or a policy with which to apply the FTE to non-responders. This calculation is especially important when dealing with proposed areas with a large provider population.

Individual data elements
Individual data elements are similarly problematic. Some data, e.g., specific demographic data, is available at the Rational Service Area (RSA) level while others, e.g., Unemployment Rate, are available only at the county level. Because an RSA can include frontier, rural, and urban areas, county level data does not accurately depict specific RSA level data. Moreover, data is available over a breadth of years, e.g., 2005-2008, which creates another level of data inconsistency. Accessibility to data is also a large problem for data elements such as Low Birth Weight Rate and Low Income Population by age and gender for which California has no data access. To add to this complexity, there are more data elements in the proposed rule change than in the current designation process. Age and Gender stratifications and Standardized Death Rate are difficult to manipulate and will be especially problematic for communities seeking designation to gather and calculate.

California uninsured
The proposed methodology does not allow for inclusion of key variables such as California's uninsured population. Level of uninsurance is a key indicator for lack of access to healthcare. California has more than 6 million uninsured persons statewide representing over fifteen percent of California's population. The exclusion of the uninsured population in the proposed methodology creates an unfair representation of specific population data, especially for urban populations.

Negative impact
The result of the California PCO's SIA, which evaluated Tier 1 and Tier 2 geographic designations only, also revealed that the proposed method will negatively impact California. Of the 204 Medical Service Study Areas (MSSA) currently designated in California, 112 will remain designated while 92 of the current MSSA HPSAs will lose their designations. Fifty-three MSSAs will be eligible for designation under the proposed method; however, there is an overall loss of 39 MSSA designations in California. Furthermore, according to the California PCO's analysis, the loss of designations seems to occur more frequently in rural areas, which presents an undue hardship on areas that typically have difficulty recruiting and retaining physicians

Stakeholder and other state concerns
In discussions with other states as well as California DHCS, CPCA, and other stakeholders, the California PCO discovered similar concerns in regard to data availability and consistency. Furthermore, most agree that the methodology is

cumbersome and inflexible and the data is hard to gather. Some other states echoed the sentiment that provider, population, and RSA level data was especially difficult or impossible to access.

The California PCO has learned that the proposed rule will have a tremendous adverse effect on the clinics participating in the DHCS Primary and Rural Health Division (PRHD) programs. The 800 clinics that participate in the PRHD programs must be located in a HPSA to qualify for funding per state statute. If the proposed rule is implemented in its current iteration, 519 clinics would no longer be eligible for program funds, which equates to a loss of over $30 million dollars for primary care infrastructure to these communities. The loss of program funding could impact the stability of the clinic safety net that has been developed by the DHCS over the past forty years and provides hundreds of thousands of visits to underserved and uninsured California residents. The loss of HPSA designations will also cause designated areas to lose primary care physicians serving under the J-1 Visa Waiver program, who must practice in designated areas.

Given the adverse affects the proposed method imposes on California, the California PCO respectfully declines to recommend the proposed rule be enacted formally. Thank you for affording the California PCO the opportunity to comment on this important Rule and for taking time to consider the California PCO's concerns. Should you have any additional questions, please feel free to contact me directly at (916) 326-3700.

Sincerely,

Angela L. Minniefield, M.P.A.
Director, Primary Care Office

cc: David M. Carlisle, M.D., Ph.D.
Director, OSHPD